

2267

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>452</u>
District of <u>Pinedale</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>212</u>
Town of <u>Clay Springs</u>			Local Registrar No. <u>9</u>
or			
City of	No.	St.	Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Dean Ellsworth Brewer</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>Yes</u>
5. No., in order of birth		7. Date of birth <u>Aug. 30</u> 19 <u>23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>George J. Brewer</u>		Full maiden name <u>Lydiah Ellen Ellsworth</u>	
9. Residence (Usual place of abode) <u>Clay Springs</u>		15. Residence (Usual place of abode) <u>Clay Springs</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Virgin City</u> (State or country) <u>Utah</u>		18. Birthplace (city or place) <u>Taylor</u> (State or country) <u>Arizona</u>	
13. Occupation <u>Farming</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes.</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>2</u>			
(c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 a.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Lattie M. Webb</u>	
		(Physician or midwife)	
Address <u>Pinedale, Arizona</u>			
Given name added from a supplemental report		Filed <u>Sept 4</u> , 19 <u>23</u> <u>Lattie M. Webb</u>	
Month, day, year.		Local Registrar.	
Registrar.		Filed <u>Sept 6</u> , 19 <u>23</u> <u>C. M. Chambers</u>	
		County Registrar.	

429-830-358